FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION						
		(See instructions)					Office use only	
	AME OF DMMITTEE (ir	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M5	
M :	anufacture	d Housii	ng Institute	PAC				
لللا				ш			ш	
ADDRE	ESS (number and	d street)	2111	Wilson Blvd. S	Suite 100) 		
,	Check if address changed)	SS						
X I	s criangeu)		Arling	gton 		шшш	L YA	22201 -
					CITY		STATE▲	ZIP CODE ▲
COMM	ITTEE'S E-M <i>i</i>	AIL ADDR		provide only one				
,	Check if addres s changed)	ss	RBev	ington@mfgh	ome.org			
COMM	ITTEE'S WEE	B PAGE A	DDRESS (UI	RL)				
	Check if addre	SS	www.	manufactured	Ihousing	.org		
L i	s changed)				1 1 1			
2. D/	ATE 0.	M / [1	24 / Y	2010 [°]				
3. FEC IDENTIFICATION NUMBER C C00043463								
4. IS	THIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)		
I certify t	hat I have exan	nined this	Statement and	to the best of my kr	nowledge ar	nd belief it is true, correct ar	nd complete	
Type or	Print Name o	f Treasure	er <u>N</u>	ls. Rae Ann B	evington			
Signatu	re of Treasure	er El <u>ec</u>	tronically Filed	l by Ms. Rae	Ann Bev	rington	Date 0 3	M
NOTE: S	Submission of f	alse, erron				the person signing this State		
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)